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CONFIRMATION NO. 4445

SERIAL NUMBER 10/622,942	FILING OR 371(c) DATE 07/18/2003 RULE	CLASS 297	GROUP ART UNIT 3636	ATTORNEY DOCKET NO. 21-0117	
APPLICANTS Kathleen M. Moran, Fitchburg, MA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/23/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
ADDRESS 40158					
TITLE HEAD SUPPORT DEVICE					
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		